

LAND DISTURBANCE APPLICATION



City of Springfield
127 West Main Street
Springfield, Ky 40069
859-336-5440

Date of Application: _____

Please check only one

Residential	Commercial	Multi-Lot
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Project Name _____
Street Address _____
Mailing Address _____
City _____
State _____
Zip _____

Property Owner

Name _____
Address _____
City _____
State _____
Zip _____
Phone _____
Fax _____
Email _____

Contractor

Name _____
Address _____
City _____
State _____
Phone _____
Fax _____
Email _____

Project Information

Type of Development _____
Total Area of Property (Acres) _____
Total area of Land Disturbance _____
Estimated Start Date _____
Estimated Completion Date _____

Submittal Checklist

	<i>Date</i>
Completed and Approved Permit Application	_____
Planning and Zoning Approval	_____
Stormwater Pollution and Prevention Plan (SWPPP)	_____
Approved KY DOW NOI (if > 1 acre disturbance)	_____
Application Fees	_____

Conditions of Permit

1. All land disturbing activities approved under the Erosion and Sediment Control Plan must be completed and approved by the City inspector prior to proceeding with the remaining work.
2. The property owner hereby indemnifies and holds harmless the City of Springfield employees, agents and officers from responsibility, damage or liability arising from the exercise of the privilege granted by this permit.
3. The City of Springfield or their agents shall have the right to enter and inspect the property at any and all times.
4. I have read and understand the special conditions which are made a part of this permit

I hereby certify that I am the owner or the authorized agent of the owner or have permission from the owner to obtain this permit and to undertake the subject work, that the information is complete and correct, and that the construction will comply with the KY DOW, the EPA, the Springfield Stormwater Design Manual and the approved plans submitted by the applicant and other applicable laws and regulations with relate to the property

Signature of Owner or Agent _____

Printed Name: _____

Date: _____